

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34306
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 9046

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist		Length of stay in lb 2 weeks	
3. NAME OF DECEASED (Type or print) First Courtney Middle NMT Last West		4. DATE OF DEATH Month Sept. Day 27 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Const. Work		10b. KIND OF BUSINESS OR INDUSTRY Montsano Chemical Co.	
11. BIRTHPLACE (City and state or country) Iron Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard West		14. MOTHER'S MAIDEN NAME Mary Reed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-01-0995	
17. INFORMANT Mrs. Selma West		Address Louis 18, Mo 3500 Juniata St. EL	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Supraventricular Tachycardia DUE TO (c) Cerebral Artery Thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 20 min 2 hours 4 Days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 10:30 AM Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis		
21. I attended the deceased from 9/24/57 to 9/27/57 and last saw her alive on 9/27/57 Death occurred at 10:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William N. Black, MD		22b. ADDRESS 114 N. Taylor Ave	
22c. DATE SIGNED 9-27-57		23. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 28, 1957	23c. LOCATION (City, town, or county) Annapolis, Mo.	23d. (State)
24. FUNERAL DIRECTOR Gleason & Sons Chapel		25. DATE RECD. BY LOCAL REG. SEP 27 '57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, MD			

Dr. R. L. Black
Grant Medical Clinic

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Jose E. McCullah

Licensed Embalmer No. 246

P. O. Address 6125 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.